PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

9/517589

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE	
BA	SIC FEE						16.00		IIA I L	345.00	OR	Water in the	690.00	
TOTAL CLAIMS 28 minus						· 8			X\$ 9=		OR	X\$18=	144	
INDEPENDENT CLAIMS 9 minus 3 = 1 6								X39=		OR	X78=	468		
MULTIPLE DEPENDENT CLAIM PRESENT									 +130=		OR	+260=	(6)	
* If the difference in column 1 is less than zero, enter "0" in column 2									OTAL		OR	TOTAL	1302	
. CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							S	MALL	ENTITY	OR	OTHER SMALL	THAN		
AMENDMENT A	***	REM.	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=	>	(\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	NTATIO	N OF M	Minus	PENI		=	,	K39=		OR	X78=		
	THOTTHESE	MIXIIC	A OF IVIC	JETIFLE DE	FENL	DENT CLAIM	·	+	130=	. *	OR	+260=		
									TOTAL		OR ,	TOTAL		
		(Colu	ımn∖1)	e de la companya de l	10	Column 2)	(Column 3)	ADE	DIT. FEE		,	ADDIT. FEE		
	Harry Control		AIMS	/*V-26		HIGHEST	(Column 3)			ADDI			1001	
AMENDMENT B		AF	AINING TER IDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*		Minus	**		=	×	(\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	*	MOEM	Minus	***		=	>	(39=		OR	X78=		
		NIAIIO	NO OF IVI	JLIIFLE DE	FENL	ZENT CLAIM		+	130=		OR	+260=		
	(Column 1) (Column 2) (Column 3							ADD	TOTAL IT. FEE			TOTAL ADDIT. FEE		
								7.00						
AMENDMENT C	E STATE OF THE STA	REM/	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
≥ O N	Total	*		Minus	**	<u> </u>	=	X	\$ 9=		OR	X\$18=		
AME.	Independent	*		Minus	***		=	T _×	(39=		·	X78=		
`	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DE	PEND	ENT CLAIM		\vdash			OR			
٠,	f the entry in colu	mn 1 is le	ass than th	ne entry in colu	ımn 2	write "0" in co	luma 3	+	130=		OR	+260=		
**	If the "Highest Nu If the "Highest Nu	mber Pre mber Pre	viously Pa	aid For" IN TH aid For" IN TH	IS SPA	ACE is less tha ACE is less tha	n 20, enter "20." in 3, enter "3."	AUU	TOTAL IT. FEE			TOTAL ADDIT. FEE	-	
	The "Highest Num	nber Prev	iously Pai	d For" (Total c	r Inde	pendent) is the	highest number	r found i	n the app	ropriate box	in col	umn 1.		

Application or Docket Number

And the state of

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
lг	OTAL CLAIMS	·	Coum	n 1)	(Coli	umn 2)	,			OR 7		
Ľ			ļ					RATE	FEE	┨	RATE	FEE
F	OR		NUMBER FILED		NUM	NUMBER EXTRA		BASIC FEI	370.00	OR	BASIC FEE	740.00
Ţ	OTAL CHARGE	ABLE CLAIMS	166	ເາບຣ 20=	•	v		X\$ 9=		OR	X\$18=	
IJ	DEPENDENT C	<u> </u>	ł	inus 3 =	•			X42=		OR	X84=	
L	ULTIPLE DEPE	NDENT CLAIM P	RESENT					+140=		OR	÷280≃	
• 1	f the difference	e in column 1 is	less than z	ero, enter	"O" in 6	column 2	•	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED -					T 11 nn 2)	(Column 3)	_	SMALL	ENTITY	OR	OTHER SMALL E	1
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 33	Minus	- 2	8	= 4		X\$ 9=	_	OR	X\$18=	725
	Independent	. 9	Minus	***	9	= -		X42=		OR	X84=	
L	FIRST PRESE	ENTATION OF MU	JETIPLE DEI	PENDENT	CLAIM			+140=		OR	+280=	
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)	:	(Colum	ın 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	ł	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	01 4444	=		X42=.		OR	X84=	
	FIRST PRESE	NTATION OF MU	ILI IPLE DEF	ENDENT	CLAIM	LAIM []		+140=		OR	+280=	
	•						A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	ın 2)	(Column 3)		•	•			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus	##		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=	-	OR	X84=	
٨	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		-	+140=		OR	+280=	
** (* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											